

CADRE
INPROCESSING
DOCUMENTS

Arrival/Departure Sheet

(only for Cadre)

PERSONNEL SIGN-IN/OUT CALL SHEET

THIS IS THE SIGN IN/OUT SHEET FOR WHEN SOMEONE NEW COMES INTO THE UNIT OR SOMEONE DEPARTS THE UNIT. THIS IS THE INFORMATION THAT YOU WILL NEED IN ORDER FOR THIS PERSON TO BE ARRIVED ON SIDPERS. YOU HAVE APPROXIMATELY 24 HOURS TO CALL THIS PERSON IN/OUT, OR THE TRANSACTION WILL BE CONSIDERED LATE. YOU HAVE 24 HRS TO CALL IN ARRIVALS AND DEPARTURES. THANK YOU FOR YOUR ASSISTANCE.

DATE _____

SCHOOL _____

POC at School _____

ARR or DPRT DATE _____

Departure date from last duty station (only for arrivals)

SM LAST NAME _____

SM FIRST NAME _____

SM MIDDLE INITIAL _____

SSN _____

RANK _____

MALE _____ FEMALE _____

LOSING UIC (next to unit name in orders) _____

GAINING UIC (next to unit name in orders) _____

REGULAR ARMY ARMY RESERVE NATIONAL GUARD

PMOS (ordinary MOS) (ex. 11B) _____

Officer Branch and AOC _____

ETS (if applicable) _____

DOR _____

A COPY OF THE SM ORDERS NEEDS TO BE FAXED TOO WITH THIS SHEET TO BRIGADE S-1 FIRST. THE BRIGADE WILL THEN FAX IT TO SGT SILVA, E-MILPO NCO, HQs, Eastern REGION ROTC. **DO NOT NEED** TO MAIL THIS. Region Fax (502) 624-4774.

Cadre Inprocessing Checklist

Date Received at Region: _____

Name: _____

School Name: _____

Name	Received	Remarks
GENERAL		
Copy of orders		
Finance Inprocessing Worksheet		
DA 647-1 Pers Reg (on forms flow)		
DA 3955 Change of Address		
201 File		
Updated DD 93 & SGLI Insurance Form		
FINANCE		
PCS DA 31		
DA 3685 Pay Option Form		If applicable
SF 1199A Direct Deposit		If applicable
DA 5960 BAH (original)		
--Copy of Term of GOV QTRS		If applicable
DA 4187 Separate Rat Not Available		
DD 2558 Allotment		If applicable
DD 2560 Advance Pay		If applicable
W-4		If applicable
Orders w/Admendments/DD 1610		If applicable
TRAVEL		
DD 1351-2 (original & 1 copy)		
Travel Receipts		If applicable
Copy of any advance received		If applicable
Copy of tickets (plane, train, etc.)		Applicable if paid out of pocket
POV Pick UP		
DD 788 - front and back		
If POV pick up occurred before signed in		
include it on DD 1351-2 for inprocessing, if not		
submitt a on separate DD 1351-2		
TLE		If applicable
TLE Checklist (Follow checklist)		
Claim for TLE Worksheet		
Orders with Amendments		
Original Lodging Receipts		
Copy of DD 1351-2 submitted w/in-processing		
HHG Inventory (once delivered) or		If HHG have not been delivered,
Copy of lease		submitt letter from transportation
DITY		If applicable
DITY checklist (follow checklist)		
Original DD 1351-2 for DITY		
Original DD 2278		
POVs and any Trailer Registration		
Weight ticket- Empty and Loaded		

**FINANCE IN-PROCESSING WORKSHEET
(PRINT ONLY)**

DATE _____

NAME _____ RANK _____ SSAN _____
(LAST, FIRST, MI)

DUTY STATION _____

MAILING ADDRESS _____

PAY OPTION DA 3685/SF 1199

ARE YOU CHANGING YOUR DIRECT DEPOSIT? YES NO
DA 3685 AND SF 1199 (OR FSM 2231 FAST START WITH A VOIDED CHECK)
MUST BE ATTACHED.

TRAVEL DD 1351-2

DID YOU AND YOUR SPOUSE/DEPENDENTS TRAVEL TOGETHER? YES NO NA
DID YOU SHIP YOUR POV? (MUST ATTACH DD 788) YES NO NA
AIRLINE/BUS/TRAIN/SHIP TICKETS ATTACHED? YES NO NA
COPY OF ALL TRAVEL ADVANCES RECEIVED TO INCLUDE
DISLOCATION ALLOWANCE AND TDY ACCRUALS ATTACHED? YES NO NA
COMPLETED DA 31 LEAVE FORM ATTACHED? YES NO
TDY ENROUTE TO NEW DUTY STATION YES NO NA
IF YES MUST ATTACH 1610 ORDERS, RECEIPTS, SNA, & DA 31 FPR TDY SIGN IN/OUT DATES IF
APPLICABLE

*IF DIVORCED ONLY CLAIM DEPENDENTS THAT YOU HAVE LEGAL PHYSICAL CUSTODY OF (IN
DIVORCE DECREE) ON DD 1351-2

TEMPORARY LODGING EXPENSE (TLE)

COMPLETED DFAS-KN FORM 3901 (JAN 01) ATTACHED? YES NO NA
ORIGINAL LODGING RECEIPTS ATTACHED? YES NO
STATEMENT OF NON-AVAILABILITY IF LODGING WAS NOT IN
GOVERNMENT HOUSING? (SUCH AS GUEST HOUSE)
COPY OF WHEN HOUSEHOLD GOODS PICKED UP AND/OR DELIVERED YES NO NA

BAH DA 5960

ARE YOU MARRIED TO ANOTHER SOLDIER? YES NO NA
IF SO, LIST SPOUSE'S NAME, SSAN, DUTY STATION, DATE OF MARRIAGE:

ARE YOU DIVORCED FROM A SOLDIER? YES NO NA
IF YES, LIST EXSPOUSE'S NAME, SSN, AND DATE OF DIVORCE:

CIVILIAN SPOUSE'S NAME/DATE OF MARRIAGE _____
OTHER DEPENDENTS (CHILDREN/STEP-CHILDREN/PARENTS)

NAME _____ DOB _____ NAME _____ DOB _____

NAME _____ DOB _____ NAME _____ DOB _____

IF DIVORCED, LIST DATE OF DIVORCE _____

ARE YOU RENTING, BUYING, OR DO YOU OWN YOUR RESIDENCE? _____
COPY OF LEASE, CONTRACT (SHOWING DATE LEASE/CONTRACT SIGNED) ENCLOSED? YES NO
DO YOU SHARE WITH OTHER MILITARY? YES NO HOW MANY? _____

SINGLE MUST INDICATE ADDRESS WHERE RESIDING IN #10 OF DA FORM 5960

ALLOTMENTS DD 2558

ARE YOU STARTING, STOPPING, CHANGING ANY ALLOTMENTS?	YES	NO	NA
DD 2558 COMPLETED AND ATTACHED?	YES	NO	NA
SF 1199 ENCLOSED FOR START/CHANGE BANK ALLOTMENTS?	YES	NO	NA
STATEMENT OF UNDERSTANDING ENCLOSED FOR STARTS?	YES	NO	NA

)

ADVANCE PAY CERTIFICATION DD 2560

ARE YOU REQUESTING AN ADVANCE PAY?	YES	NO
DID YOU RECEIVE AN ADVANCE PAY FROM YOUR LOSING DUTY STATION?	YES	NO
IF YES, ATTACH ITEMIZED LIST OF WHAT PREVIOUS ADVANCE PAY, DLA AND TRAVEL PAY WAS USED FOR. 2 ND ADVANCE SUBJECT TO APPROVAL DD 2560 ATTACHED?	YES	NO

BAS (RATIONS NOT AVAILABLE)(ENLISTED SOLDIERS ONLY)

IS YOUR FAMILY RESIDING WITH YOU?	YES	NO	NA
ARE YOU SINGLE AND E7 OR ABOVE?	YES	NO	
AUTHORIZATION FOR RNA ATTACHED?	YES	NO	

OTHER ATTACHMENTS

IN ADDITION TO ABOVE FORMS, SOLDIER MUST ALSO PROVIDE:
THREE (3) COPIES ORDERS/AMENDMENTS/ENDORSEMENTS
GOVERNMENT ASSIGNMENT/TERMINATION OF HOUSING (IF APPLICABLE)

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ ALL FORMS MUST BE COMPLETED AND SIGNED \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

**INCOMPLET PACKETS WILL BE RETURNED. THIS WILL DELAY YOUR
ARRIVAL ON STATION IN THE FINANCE SYSTEM.**

Soldier's Signature and Date

PERSONNEL REGISTER

For use of this form, see AR 600-8-6; the proponent agency is ODCSPER

NAME		ORGANIZATION				
SIGNATURE		SOCIAL SECURITY NUMBER			GRADE	
DATE	ACTION		REASON			
	IN	OUT	LEAVE	TDY	PCS	OTHER
TIME						
REMARKS						

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see 37-104-3; the proponent agency is ASA (FM)</small>					PRIVACY ACT STATEMENT								
1. NAME (Last, First, MI)					AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.								
2. SOCIAL SECURITY NUMBER			3. GRADE										
4. TYPE OF ACTION													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">START</td> <td style="width: 25%;">CANCEL</td> <td style="width: 25%;">CHANGE</td> <td style="width: 25%;">REPORT</td> </tr> <tr> <td>CORRECT</td> <td>STOP</td> <td>RECERTIFICATION</td> <td></td> </tr> </table>										START	CANCEL	CHANGE	REPORT
START	CANCEL	CHANGE	REPORT										
CORRECT	STOP	RECERTIFICATION											
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)					6. DATE/ACTION (YYMMDD)		7. BAQ TYPE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">WITH DEPENDENTS</td> <td style="width: 25%;">PARTIAL</td> </tr> <tr> <td>WITHOUT DEPENDENTS</td> <td></td> </tr> </table>			WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS	
WITH DEPENDENTS	PARTIAL												
WITHOUT DEPENDENTS													
8. MARTIAL/DEPENDENCY STATUS						9. QUARTERS ASSIGNMENT/AVAILABILITY							
a. SINGLE		b. MARRIED (see blocks (1), (2) & (3))		c. DIVORCED (see blocks (1), (2) & (3))		a. ADEQUATE (see block (1))		b. INADEQUATE (see blocks (1), (2) & (4))					
d. LEGALLY SEPARATED (see blocks (1), (2) & (3))			e. DEPENDENT CHILD (see blocks (4), (5) & (6))			c. TRANSIENT (see block (3))		d. NOT AVAILABLE					
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO.		(2) FAIR RENTAL VALUE \$					
(4) Child in Custody of:		Member		Spouse		Former Spouse		Other					
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.						(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and <input type="checkbox"/> COMMANDER DETERMINATION							
(6) If child support received from another military member, complete (1), (2) & (3).													
10. DEPENDENTS/SHARERS (Continue on back if required)													
NAME OF DEPENDENT/SHARER				COMPLETE CURRENT ADDRESS (Include ZIP Code)				RELATIONSHIP		DOB OF CHILDREN			
11. CERTIFICATION OF DEPENDENT SUPPORT													
I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.													
IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period													
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON													
My permanent duty station:			My dependent's location:			Both my permanent duty station and dependent's location.							
a. Monthly Expenses:			Member		Dependent		b. Sharer/Lease Information		c. Address Information				
(1) Mortgage (PITI) or Rent							(1) Rental/Residential Address:		(1) Landlord's Name and Address:				
(2) Insurance							(2) Effective Date:		(3) Expiration Date:				
(3) Other							(2) Landlord's Phone No.						
TOTALS							(4) Number of Sharers (show name(s) and address in block 1D.)						
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.													
13. MEMBER'S SIGNATURE					14. DATE		15. CERTIFYING OFFICER'S SIGNATURE			16. DATE			

PRINT NAME (Last, First MI)		GRADE	SSN	PURGE DATA
NEW ORGANIZATION (Complete Designation)				BOX NUMBER

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 39 USC and DOD/Postal Service Agreement, 2 Feb. 59. **PRINCIPAL PURPOSE:** To route and forward (Directory) mail. **ROUTINE USES:** Used by Army military and civilian personnel in mail functions and address inquiries. Data are inspected by commanders, postal officers, and military and civilian inspectors. **DISCLOSURE:** Voluntary. However, failure to provide the requested information could result in delay/inability to forward mail.

OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code)	NEW MAILING ADDRESS (Include ZIP Code)
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DATE DEPARTED OLD ORG:	DATE DUE NEW ORG:
QUARTERS/OFF POST ADDRESS	REMARKS

CONSENT: <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.	(IF DEPARTING, COMPLETE BELOW ITEMS)
HEADQUARTERS ISSUING ORDERS	

SIGNATURE:	DATE	ORDER NUMBER	ORDER DATE
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DA FORM 1 FEB 79 **3955** EDITION OF 1 AUG 78 MAY BE USED
CHANGE OF ADDRESS AND DIRECTORY CARD
For use of this form, see AR's 65-1 and 65-75; the proponent agency is TAGCEN

Completely Filled out

PCS ENTITLEMENTS

Receipts are needed with voucher (expenses of \$75.00, major bus tickets, and airline tickets).

- **Entitlements:**
- | | |
|---------------------|---|
| SM Per Diem | \$ 85.00 per day (if driving) |
| SM Mileage | \$.15 per mile |
| Dep Per Diem | \$ 63.75 per day for spouse and children over 12 |
| | \$ 42.50 per day for children under 12 |
| Dep Mileage | \$.02 per dep. not to exceed total of \$.20 per vehicle total |
| 2 POV's | \$.15 per mile for each driver (only authorized 2 POV's if married and/or have dependent old enough to drive; rental truck is a 2 nd POV) |

Per diem will be 75% of the per diem rate for area for day of flying. Spouse will received 75% of what the service member receives. Children 12 or over will be same rate as spouse, under 12 receive half of what the service member receives.

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
COMMANDER
 HQ, EASTERN REGION
 ATTN: ATOE-PA
 FT KNOX, KY 40121

2. TO (Include ZIP Code)
COMMANDER
 DFAS
 FT KNOX, KY 40121

3. FROM (Include ZIP Code)
COMMANDER
 SCHOOL ADDRESS

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
 PLEASE FILL OUT

5. GRADE OR RANK/PMOS/AOC
 PLEASE FILL OUT

6. SOCIAL SECURITY NUMBER
 Please Fill out

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input checked="" type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

SOLDIER IS AUTHORIZED BASIC ALLOWANCE FOR SUBSISTENCE RATION IN KIND. DUE TO GOVERNMENT MESS IS NOT AVAILABLE.

EFFECTIVE DATE: (Will be the date signed in from PCS.)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

(PMS SIGNATURE BLOCK)